



Denver Public Schools
SIT Student Intervention and Progress Monitoring Plan



Student Name: _____ Grade/Teacher: _____

SIT will create a plan to achieve a measurable goal. Progress monitoring data will be collected by the designated person at determined intervals. A Follow-Up Meeting will be scheduled for 6-8 weeks from this date.

Area of Concern: _____

Measurable Goal (SMART GOAL): _____ will increase _____
as measured by _____ from _____ to _____
by _____ (date).

Date of Follow-Up Meeting: _____ [Be sure to set a date to revisit progress 6 to 9 weeks from today]

Intervention to be Used: _____
Frequency: _____ Intensity: _____ Duration: _____
Frequency of Data Collection: _____
Assessment Instrument to be Used: _____
Person Responsible: _____

Are additional targeted assessment recommended by SIT? ☐ Yes ☐ No

(Please indicate the targeted assessment to be given, the purpose of the assessment, the trained/qualified person responsible administering the assessment, and have parent sign to give their permission for the assessment to be given.)

Targeted Assessment: _____ Purpose: _____ Person Responsible: _____

Parent/Guardian Signature giving permission for targeted assessment: _____ Date: _____

Targeted Assessment: _____ Purpose: _____ Person Responsible: _____

Parent/Guardian Signature giving permission for targeted assessment: _____ Date: _____

Progress Monitoring Data:

Indicator																		
Dates																		

By signing below I certify that I understand and agree with the intervention described in this plan and that I have received a copy of the plan. (☐ Check if interpreter was used)

Parent/Guardian Signature

Date